

PLACE OF BIRTH

1. County of Maricopa
 District of _____
 Town of Higley, Ariz.
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 254
 County Registrar No. _____
 Local Registrar No. 117

2. Full name of child Darleen Maria Sasser
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. ☒ 4. Twin, triplet or other. yes 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth 11/6/27
 Month Day Year

8. FATHER
 Full name Marvin Lee Sasser

9. Residence (Usual place of abode) Higley, Ariz.
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Elk City
 (State or country) Oklahoma

13. Occupation Laborer
 Nature of industry

14. MOTHER
 Full maiden name Ethel Murry

15. Residence (Usual place of abode) Higley, Arizona
 If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Binger,
 (State or country) Oklahoma

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:20 p.m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Jas. M. Meason (Physician or midwife).

Address Chandler, Arizona

Given name added from a supplemental report
 Month, day, year

Filed Jas. M. Meason 19 27
 Local Registrar.

Registrar

Filed Nov. 10, 1927
 County Registrar.

429-1106-548

IF THIS IS A PERMANENT RECORD, RETURN must be made for each, and the number of each in stated.